



Office of Racing Commissioner  
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## Office of Racing Commissioner CORNELL COLLAR

Date \_\_\_\_\_

Horse Name \_\_\_\_\_ Tattoo Number \_\_\_\_\_

Color \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Trainer (Printed Name) \_\_\_\_\_

Trainer (Signature) \_\_\_\_\_

Diagnosis \_\_\_\_\_

*I have instructed the above named trainer in the proper placement of the Cornell Collar.*

Veterinarian (Printed Name) \_\_\_\_\_

Veterinarian (Signature) \_\_\_\_\_

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Off Date \_\_\_\_\_

Reason \_\_\_\_\_

Veterinarian (Printed Name) \_\_\_\_\_

Veterinarian (Signature) \_\_\_\_\_